PTO/SB/06 (12-04)

Approved for use through 7/31/2006. OMB 06510032
U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. PATENT APPLICATION FEE DETERMINATION RECORD Andication or Doctor Number Substitute for Form PTO-875 APPLICATION AS FILED - PART I OTHER THAN (Column 1) (Column 2) SMALL ENTITY SMALL ENTITY NUMBER FILED **NUMBER EXTRA** RATE (\$) BASIC FEE RATE (\$) (37 CFR 1.16(a), (b), or (c)) SEARCH FEE (37 CFR 1.18(k), (i), or (m)) **EXAMINATION FEE** (37 CFR 1.16(0), (p), or (q)) TOTAL CLAIMS (37 CFR 1.16(I)) minus 20 a INDEPENDENT CLAIMS OR (37 CFR 1.16(h)) minus 3 = ×ほわ If the specification and drawings exceed 100 APPLICATION SIZE sheets of paper, the application size fee due FEE (37 CFR 1.16(s)) is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s). MULTIPLE DEPENDENT CLAIM PRESENT (37 CFR 1.16(J)) . If the difference in column 1 is less than zero, enter "0" in column 2. TOTAL--- TOTAL APPLICATION AS AMENDED - PART II -----(Optumn 1) OTHER THAN (Column 2) (Calumn 3) OR SMALL ENTITY CLAIMS SMALL ENTITY HIGHEST REMAINING NUMBER PRESENT RATE (\$) ADDI-AFTER RATE (\$) ADDI-TIONAL PREVIOUSLY EXTRA ENT TIONAL AMENDMENT PAID FOR FEE (\$) Total (37 CFR 1,16(3) Minus FEE (\$) AMENDM 25 Independent (37 CFR 1.16(h)) OR OR Application Size Fee (37 CFR 1.16(s)) FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM 80 (37 CFR 1.16(I)) OR TOTAL TOTAL ADO'L FEE OR ADD'L FEE (Column 1) (Cotumn 2) (Column 3) CLAIMS HIGHEST REMAINING NUMBER PREVIOUSLY PRESENT RATE (\$) ADDI-AFTER MENDMENT RATE (S) **EXTRA** ADDI-ENT TIONAL PAID FOR FEE (\$) Total FEE (\$) ENDM (37 CFR 1.16Q) **حک**۵ × 50 OR Independent (37 CFR 1,16(h)) Minus 9 OR Application Size Fee (37 CFR 1.16(s)) EIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM\_DICER 1.16(I)... TOTAL ADD'L FEE **TOTAL** 

\* If the entry in column 1 is less than the entry in column 2, write "Q" in column 3.

"If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20".

"If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3".

The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.

This collection of information is required by 37 CFR 1.16. The Information is required to obtain or retain a benefit by the public which is to file (and by the Individual galbering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the Individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.